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FINANCIA	UNITED STATES HOUSE OF REPRESENTATIVES	'ES		FORM B	LEGISLA	LEGISLATIVE RESOUR COCENTER 1	9ediriek1
Period cove	Period covered: January 1, 2012 Odober 1, 2013		For use by candidate	For use by candidates and new employees	2013 N	2013 NOV -4 PM 12: 26	2: 26
					OFF U.S. HOUS	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	NTATIVES
Name:		Dayt	Daytime Telephone:		A A /		
	Bruce L. Poliquin	,	(207) 831-3373	S	Q Q	(Office Use Only)	
Filer	Candidate for the House of Representatives Candidate for the State: MAINE District: 2		Date of Election: November 4, 2014	Check if Amendment	A \$200 penal		ssessed
Status					more than 30 days late.		wno liles
in all sections,	in all sections, please type or print clearly in blue or black ink.						
PRELIMIN	PRELIMINARY INFORMATION — ANSWER	EACH OF THESE	IESE QUESTIONS	IS			
I. Did you or yo fees) of \$200 or If yes, complet	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes, complete and attach Schedule 1.	No No	IV. Did you hold any report of filing in the current cale if yes, complete and atta	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	efore the date r two years?	Yes	Š
II. Did you, you income of more reportable asse	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes if yes, complete and attach Schedule II.	No No	V. Did you have any repo with an outside entity? If yes, complete and atta	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	angement	Yes	No.
III. Did you, you able liability (mo if yes, complete	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes Yes	No [VI. Did you receive compensation of r a single source in the two prior years? If yes, complete and attach Schedul	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	\$5,000 from	Yes 🔳	S N
	Each question in this part must be answered		and the appropriate schedu	edule attached for each "Yes" response.	each "Yes" re	sponse.	
EXCLUSION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	TRUST INF	ı	ANSWER EACH OF THESE	FTHESE Q	QUESTIONS	,
TRUSTS—De	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	the Committee on ust benefiting you,	Ethics and certain other your spouse, or a deper	"excepted trusts" need no	ot be	Yes 🔲	No
EXEMPTION because they	EXENPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	sets, "unearned" in 'yes" unless you ha	come, transactions, or li	abilities of a spouse or de e Committee on Ethics.	pendent child	Yes 🔲	No

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Exclude: William J buy (outside to manufacture of the J); continue to the	CC. P3		
Course (include date of receipt for homograph)	Type	Amount	unt
שלים ליווטימתם עמום טו ופכפוף: וטו ווטיוטימיומ)	. ypc	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
State of Maine, Augusta, ME	Salary	0	98,000 572,727
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R	8					7	<u>8</u>	Ş,	homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	location in Block A. Iocation in Block A.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic	Asset and/or Income Source loentify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.
Vanguard Star Fund	Vanguard Prime Money Market Fund	Vanguard Tax Exempt Money Market Fund	Vanguard Prime Money Market Fund	Vanguard 500 Index Fund (Admiral Shares)	Ba	l	Examples:		med the hrift true of the second true of true of the second true of tr		, <u>1</u> 5 2	BLOCK A Asset and/or Income Source ity (a) each asset held for investment or produceme with a fair market value exceeding \$1,00 and (b) any of the reporting period, and (b) any of table asset or sources of income which genere than \$200 in "unearned" income during the y ide complete names of stocks and mutual to use ticker symbols). Ill IRAs and other retirement plans (such as 40 in the value for each asset held in unt that exceeds the reporting thresholds. Tental or other real property held for investing a complete address or a description, all property," and the city and state.
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				×		t	 -	Н	\$500,001 - \$1,000,000		Ī	BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None." *This column is for assets solely held by your spouse or dependent child.
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					-		Royalties		Other Type of Income			Secretary F
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			i	ı	1	1	:	: 1	Spouse/DC Income over \$1,000,000*	×	•	

Name Poliquin, Bruce

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Continuation Sheet (if needed)

DC DC 8 ä ŞP Vanguard 500 Index Fund (Admiral Shares) Condominium, Ormond Beach, FL Condominium, Hallandale Beach, FL Vanguard 500 Index Fund (Investor Shares) Undeveloped land, Oakland, ME House, Phippsburg, ME Asset and/or Income Source Popham Beach Club LLC, recreation business Phippsburg, ME Dirigo Holdings LLC, real estate development Yarmouth, ME (land & buildings) Douge, Ganeden Biotech stock, health care/ biotech Mayfield Heights, OH Zweig-DeMenna Partners, LP, investment partnership, New York, NY C.K. Capital LP, investment partnership North Miami Beach, FL ("see attached") Marshall Mall Associates, real estate Philadelphia, PA (land & buildings) **BLOCK A** X × None ➣ 8 \$1 -- \$1,000 ဂ \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset Е \$50,001 - \$100,000 BLOCK B Ŧ × \$100,001 - \$250,000 × × × × \$250,001 - \$500,000 G I × × \$500,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 ے × \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 ~ \$50,000,000 _ Over \$50,000,000 ⋜ Spouse/DC Asset over \$1,000,000* X × × × NONE × × **DIVIDENDS** × × Type of Income X × RENT BLOCK C × × INTEREST X × × × **CAPITAL GAINS EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income--(Specify: e.g., dues Partnership Income or Farm Income) × × × × × None \$1 - \$200 X \$201 - \$1,000 ≡ \$1,001 - \$2,500 ₹ Current Year \$2,501 - \$5,000 < ≤ \$5,001 - \$15,000 • × ≦ YII × \$15,001 - \$50,000 × \$50,001 - \$100,000 × × \$100,001 - \$1,000,000 Amount of Income \$1,000,001 - \$5,000,000 Over \$5,000,000 BLOCK D ¥ Spouse/DC Income over \$1,000,000* X × × × X × None \$1 - \$200 \$201 - \$1,000 ≡ **Preceding Year** 7 \$1,001 - \$2,500 \$2,501 - \$5,000 < ≤ × × \$5,001 - \$15,000 VII VIII X \$15,001 - \$50,000 × × \$50,001 - \$100,000 × × \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 × Over \$5,000,000 Spouse/DC Income over \$1,000,000*

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SCHEDULE III — LIABILITIES

Name Poliquin, Bruce L.

Page 5 of 11

ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibowed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount

				SP, DC,
		N/A	Example: First Bank of Wilmington, DE	Creditor
			May 1998	Date Liability Incurred mo/year
			Mortgage on 123 Main Street, Dover, DE	Type of Liability
				\$10,001— \$15,000
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				\$50,000,000 Spouse/DC Liability over \$1,000,000

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise,

and positions solely of an honorary nature Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

and positions solety of an incliniary flattale.	iaule.
Position	Name of Organization
Member	Popham Beach Club LLC, Phippsburg, ME
Member	Dirigo Holdings LLC, Portland, ME
Limited Partner	Marshall Mall Associates , Philadelphia, PA
Limited Partner	C.K. Capital LP, Miami Beach, FL
Limited Partner	Zweig-DiMenna Partners LP

SCHEDULE V — AGREEMENTS

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Page $\frac{6}{}$ of $\frac{11}{}$

				Γ
			Date	
		N/A	Parties To	
			Terms of Agreement	

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule I**.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
State of Maine, Augusta, ME	Salary in connection with service as State Treasurer

CONTINUATION OF SCHEDULE IV -- POSITIONS

SCHEDULE III — LIABILITIES

Name Poliquin, Bruce L.

Page $\frac{7}{2}$ of $\frac{11}{2}$

ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibowed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount

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		Example: First Bank of Wilmington, DE	Creditor	
		May 1998	Date Liability Incurred mo/year	
		Mortgage on 123 Main Street, Dover, DE	Type of Liability	
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			Liability over ス \$1,000,000	

SCHEDULE IV — POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

and positions solely of an honorary nature Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization):

and positions solely of an individiary nature.	auic.
Position	Name of Organization
Board Member	Popham Woods Condominium Home Owners Association

Reme Poliquin, Bruce L.

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Continuation Sheet (if needed)

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CK Capital LP Holdings available data Chicago Bridge & Iron Co NV Devon Energy Corporation Powershs DB Gold Short ETN Dreyfus Treas PR Cash Mgt-Pt Costco Wholesale Corp Check Point Software Tech Central Fund Canada Ltd-A Information below ABB Ltd-Spon ADR Asset and/or Income Source Cameron Int'l Corp DST Systems Inc. Apple Inc. Aetna Inc. Vanguard **BLOCK A × None ➣ Œ \$1 - \$1,000 × റ × × × \$1,001 - \$15,000 × × × × × × D × \$15,001 - \$50,000 × Value of Asset m \$50,001 - \$100,000 П BLOCK B \$100,001 - \$250,000 ១ \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 _ Over \$50,000,000 Z Spouse/DC Asset over \$1,000,000* NONE DIVIDENDS Type of Income RENT BLOCK C INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income--(Specify: e.g., Partnership Income or Farm Income) None 1 - 200\$201 - \$1,000 \$1,001 - \$2,500 И **Current Year** \$2,501 - \$5,000 \$5,001 - \$15,000 XI VIII VIII IX \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Amount of Income \$1,000,001 - \$5,000,000 × Over \$5,000,000 BLOCK D Spouse/DC Income over \$1,000,000* ≚ None \$1 - \$200 \$201 - \$1,000 X XI IIIQIIQ IQ V VI III **Preceding Year** \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000

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Continuation Sheet (if needed)

Name Poliquin, Bruce L

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Name Poliquin, Bruce L.

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Continuation Sheet (if needed)

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Name Poliquin, Bruce L Page 11 of 11

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